

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee</b>	Corporate Parenting Board
<b>Date:</b>	21 <sup>st</sup> May 2021
<b>Title:</b>	Health of Children in Care
<b>Report From:</b>	Dorothy Karikari-Boateng, Interim Designated Nurse, Children in Care. Hampshire, Southampton & Isle of Wight Clinical Commissioning Groups

**Contact name:** Dorothy Karikari-Boateng  
E- mail: [Dorothy.karikari@nhs.net](mailto:Dorothy.karikari@nhs.net)

#### Purpose of this Report

1. The purpose of this report is to update the Corporate Parenting Board on the current work plan to improve the health of children and young people in care supported by the Hampshire Clinical Commissioning Groups (CCGs).
- 1.1. Areas to be highlighted are:
  - Completion of statutory Initial Health Assessments to ensure the physical aspect of the holistic assessment is undertaken by a doctor and meets the quality standard and statutory requirement- Update
  - RHAs are delayed, especially for children placed out of area. NHS England is aware of this problem. Face to face assessments are yet to start in some areas after being suspended last year
  - Participation in partnership with Children Services into a Rapid Review Process of the health pathway to secure holistic statutory health assessments for children in care- Update
  - Participation in partnership with Children Services the development of a care leavers' health passport following Children Services Ofsted inspection recommendation - update

#### Recommendation(s)

The Corporate Parenting Board to note the work plan.

## Executive Summary

The Covid-19 pandemic has continued to influence the Children in Care (CIC) health assessments in 2020-21. Challenges remain in delivering initial health assessment through the GP specialist service, though the service is back to doing face to face assessments with appropriate PPE protection. Unfortunately, this has also reduced the number of appointment slots due to ensuring rooms are cleaned between each appointment. So has the impact of COVID-19 vaccinations on GP slots.

Three GPs, from the already limited number, have stopped undertaking IHAs because of family issues and their involvement in Covid-19 vaccine administration. Couple with this are issues like – IHAs that we are unable to book due to paperwork being incorrect/incomplete/other queries for CSD  
17 with incorrect paperwork from CSD (oldest request dates back to November 2020)

Both acute and community providers (Hampshire Hospitals (HHFT) and Southern Health (SHFT) of CIC services modified their response to requests for both Initial Health Assessments (IHA) and Review Health Assessments (RHA) in line with the NHS England directives. HHFT have returned to seeing as many children face to face as possible, but SHFT still continues to see children virtually.

LAC Health continues, as we move forward, looking to restore as much to near normal the health interventions for CIC and looking at alternative methods for future delivery of services. The Rapid Review process led by Childrens services in September 2020 in which health was a key partner will help deliver the future vision around health pathway for CIC continues to which health have delivered an action plan against their identified areas for development

Work continues from a health perspective in supporting the development of a “Health Passport” for care leavers.

Services commissioned for children with mild to moderate disabilities within the LAC health provision currently under review.

Review Health assessment continues to be a problem especially for LAC/YP placed outside Hampshire. Some authorities still have waiting list of 3 months, leading to late review assessments. We are working with out of area teams to get our children seen in a timely manner.

Adult medicals for prospective adopters / foster carers: Work is underway to address this important issues

Dental care for Children in care issues has been raised with NHSE and locally in a bid to get dentist appointments for our children.

## **Consultation**

### **Survey:**

Children, Young People and Carers' views on Virtual Health Assessments undertaken during this Covid 19 Pandemic across Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) areas.

According to the providers virtual assessments have been well received and some of the staff say that some children/young people actually said they preferred virtual assessments.

For professionals, the experience where assessment starts with meeting child/young person, seeing the way they are dressed, walking, having one to one etc. was missing from the assessments. However, most felt a mixture of virtual and face to face will be a way forward.

It is planned to carry out another survey by provider services with the help of CSD.

### **Audit**

Audits have taken place: within provider services re training of LAC team members to Level 4 of intercollegiate document (90%); on the IHAs by GPs. Statutory timelines were not met but quality has been assured.

### **Report Completed by:**

**Dorothy Karikari-Boateng**

**Designated Nurse for Looked After Children (Interim)**

**May 2021**

## 1. Annual Report 2020/21

Safeguarding children and young people is everyone's responsibility. The five Hampshire CCGs are committed to safeguarding children and young people in their areas. This annual report is by exception looked after children (LAC) activities for the year April 2020 to March 2021 and aims to highlight the risks, good practice, and challenges. It also sets out how the team coped with the COVID-19 pandemic. 2020/21 has been an extraordinary year due to the pandemic, which made it more challenging to deliver our commissioned services, namely, to see and support some of our most vulnerable children and young people.

As arrangements are underway to merge four of the CCGs (North Hampshire, South Eastern Hampshire, Fareham & Gosport & West Hampshire) with Southampton City CCG to form a new CCG that mirrors the footprints of the Hampshire and Isle of Wight Integrated Care System (ICS), this is the last annual report for the five Hampshire CCGs. However, Portsmouth CCG remains independent in 2021/22. North East Hampshire and Farnham (NEHF) CCG is set to be part of the Frimley CCG/ICS.

Therefore, this report, rather than highlighting the priorities for 2021/22, will instead revisit some of the priorities set for 2020/21 and summarise progress made.

Please see below some key priorities set for 2020/21 for safeguarding children and LAC.

### **Progress Report for the 2020/21 Safeguarding Children and LAC Priorities**

To develop and implement a new model of Initial Health Assessments (IHAs) requests for Hampshire/OOA looked after children (LAC)

Service review and plans are underway to streamline referral and assessment processes which have been preventing HCC/CCG from meeting the statutory timeframe for initial health assessments. This will ensure LAC are at the core of the local authority's children's services plans, reflecting statutory guidance.

The phased implementation of the Rapid Improvement process of the Hampshire IHAs procedures is progressing, with the consent element ready to be signed off and implemented. Assessment forms have been reviewed and due to be signed off. A joint administrator post is yet to be agreed and funded to manage the appointments process.

To provide the right service for Unaccompanied Asylum Seeking Children (UASC)

The range of services offered UASC include ensuring their immunisations are up to date, that they are registered with GPs, dentists & opticians, and undergo screening for tuberculosis and blood-borne illnesses.

## 1. Risk Report

The CCG LAC team have pulled together an exceptions risk report for the Hampshire, Southampton and Isle of Wight CCG and the Frimley CCG, highlighting safeguarding risks. These include (but not limited to) the following:

- Capacity challenges within the LAC team.
- Hidden Harm due to the COVID-19 pandemic
- Initial Health Assessments - Meeting statutory timescales remains a challenge and has been a multi-agency focus for improvement.
- Review Health Assessments have been massively affected by COVID-19, which has been highlighted to NHSE. Most providers are still not doing face to face assessments
- No signed LAC Service Specification and key performance indicators (KPIs) agreement between CCG and provider services to address the challenges and provide feedback and assurance against targets.
- Prospective foster carers' health assessment: the fostering medicals not being done and placements being delayed.
- No GP lead/ named doctor for LAC, making it difficult for LAC to be seen on its own merit instead of an add-on to the safeguarding children agenda
- No public health input to care experienced young people e.g. sexual health, substance misuse, smoking cessation, teenage pregnancy, chlamydia screening etc.
- Hidden harm: Caseload of 2967; Breakdown: 1696 Hampshire Children and 1217 other Local Authority Children placed in Hampshire. It is impossible to identify risk within the caseload with current resources.
- Total lack of transition care for young people moving from child to adult services and moving out of care.

Please note that a detailed report of risks for LAC to be escalated to the new CCG has been put together by the designated professionals.

### 1. Providers

2. The new public health nursing service in Hampshire is not commissioned to undertake any health assessment for Looked after children. This poses a challenge within provider services for LAC specialist nurses
3. There is a need to have Named Nurses in provider services to be in line with the statutory guidance and intercollegiate document 2020.
4. Not enough GPs in our specialist Team undertaking IHA assessments
5. Capacity in the provider services is an issue, e.g HHFT has only one nurse. Therefore, when on leave /off sick it poses challenges
6. Children & Adolescent Mental Health Service (CAMHS): The service has seen an increase in referrals in this reporting year of children needing support with their mental health. There is also an increase in the referral for

ASD and ADHD assessments. Plans are being put in place to address the challenges. Access to CAMHS by Looked after Children continues to be a challenge. Referral pathways have been reviewed.

## **2. Conclusion**

**Risks** - Risks identified during the reporting year are linked to capacity within the LAC teams, the risks associated with COVID 19, some themed risks within our provider sectors, initial health assessments and foster carers' medical challenges. LAC services continue to be a risk area for the ICS as the service needs more manpower to be able to meet the needs of LAC/young people within the service. COVID 19 has affected the service adversely: Face to face IHAs were suspended for a while but have now resumed. However, the service have been left with 60 IHAs completed by nurses which need to be reviewed by Doctors.

RHAs are delayed, especially for children placed out of area. NHS England is aware of this problem. Face to face assessments are yet to start in some areas after being suspended last year.

No transition services commissioned for care leavers, making it difficult to plan a service for them moving into adulthood. This makes some of them more vulnerable and unprepared with regard to accessing health services as an adult. Services for children with mild to moderate disabilities within the LAC health provision currently under review.

There is the need to have LAC leads in primary care to champion issues like adult medicals for prospective foster carers, etc. much like the safeguarding leads in primary care. The LAC services need to recruit more GPs to undertake IHAs.

By Dorothy Karikari-Boateng  
Designated Nurse Looked After Children (Interim)

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes/no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes/no
<b>People in Hampshire enjoy a rich and diverse environment:</b>	yes/no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes/no
<b>OR</b>	
<b>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</b> <i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i>	

*NB: If the 'Other significant links' section below is not applicable, please delete it.*

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## EQUALITIES IMPACT ASSESSMENT:

### 1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### 2. Equalities Impact Assessment:

See guidance at <http://intranet.hants.gov.uk/equality/equality-assessments.htm>

Insert in full your **Equality Statement** which will either state:

- why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- will give details of the identified impacts and potential mitigating actions*